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26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **26392**

FILED AUG 14 1941

Registration District No. **838**

Primary Registration District No. **4309**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **Stoddard**  
(b) City or town **Dexter**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **/**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME **Zelloma Cox**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Floyd Cox** 6. (c) Age of husband or wife if alive **32** years  
7. Birth date of deceased **December 7 1911**  
(Month) (Day) (Year)

8. AGE: Years **29** Months **6** Days **21** If less than one day hr. min.

9. Birthplace **Stoddard Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **G. B. Feters**  
13. Birthplace **Fayette Co. Ill.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mertina Doublin**  
15. Birthplace **Stoddard Co. Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Floyd Cox**  
(b) Address **Dexter, Mo.**

17. (a) **Burial** (b) Date thereof **6-29-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fagan Cemetery**

18. (a) Signature of funeral director **Blankenship-Strickland**  
(b) Address **Dexter, Mo.**

19. (a) **8/4/1941** (b) **Jennie B. B. B.**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stoddard** **103**  
(c) City or town **Dexter** **3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28**  
year **1941** hour **4** minute **X** P.M.

21. I hereby certify that I attended the deceased from **May 28 1941** to **June 27 1941**  
that I last saw him alive on **June 27 1941**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Cardiac Arrest** Duration **19**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged etiologically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. B. B.** (M. D. seal)  
Address **\_\_\_\_\_** Date signed **8-28-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Office No. 2,  
District File Number 841-1066  
Date Filed 8-12-41

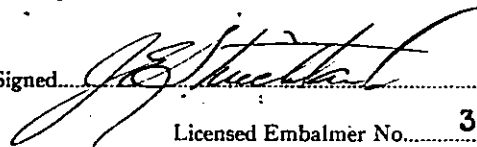
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

J. E. Strickland....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....



Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**